

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

QPR: \_\_\_\_\_ Date: \_\_\_\_\_

PV 650 JG 0000 _____	Vendor # _____
101 650 0000 4708 _____	Job # _____ \$ _____
101 650 0000 4708 _____	Job # _____ \$ _____
101 650 0000 4708 _____	Job # _____ \$ _____
101 650 0000 4708 _____	Job # _____ \$ _____
Approvals _____	Total Amount \$ _____
Pend 3 _____	Date _____
Pend 4 _____	Date _____
Warrant # _____	Warrant Date _____
R1 Date _____	

OCJA USE ONLY ABOVE THIS LINE

Office of Criminal Justice Assistance  
Nevada Department of Public Safety  
MONTHLY FINANCIAL REPORT

Subgrantee:	Project No:	Report No:
Address:	Report Period From _____ To _____	
Project Title:		

STATUS OF FUNDS

- |   |       |
|---|-------|
| 1. Total expenditures previously reported                 | _____ |
| 2. Total expenditures this period                         | _____ |
| 3. Total expenditures to date (line 1 + 2)                | _____ |
| 4. Less non-federal share of expenditures to date (match) | _____ |
| 5. Federal share of expenditures (line 3 - 4)             | _____ |
| 6. Total federal funds awarded                            | _____ |
| 7. Unobligated balance of federal funds (line 6 - 5)      | _____ |

BUDGET SUMMARY

Category	Budgeted Amounts	Previously Reported	Current Period Expenditures	Total Reported	Total Remaining
Equipment					
Less 10% Match					
Federal Expenditures					

**Total Federal funds requested on this claim** \$ \_\_\_\_\_

I certify that to the best of my knowledge and belief, this report is correct and complete and that all expenditures and unpaid obligations are for the purposes set forth under the terms of the approved project.

Signature of Authorized Subgrantee Official

Title

Date

Attach backup documentation (I.e. paid invoices) and mail to:

Department of Public Safety  
Criminal Justice Assistance  
Attn: LLEBG  
1535 Hot Springs Rd #10  
Carson City NV 89706